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A COURSE OF CLINICAL LECTURES,

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BY A. F. CHOMEL, M. D.

LECTURE V.

Severe Double Pneumonia, complicated with Enteritis—Recovery. Remarks on some points in the diagnosis of Pneumonia.

At No. 10 of the Salle Saint-Bernard, is a woman with an affection which, from the commencement, has appeared to me to be of the gravest nature. This woman is sixty years old; her physiognomy offers a great change; her cheeks are sunken; she lies perpetually on her back; her respiration is frequent and hurried; her skin is hot; her pulse quick; and there is a constant, painful cough, with viscous, yellow, semitransparent expectoration, adherent to the vessel. These phenomena led us to suspect immediately the existence of an acute inflammation of the thoracic organs. Questioned succinctly, (for her extreme state of prostration did not permit us to enter into any long details,) she informed us that when twenty years old she had a catarrhal affection, for which she was largely bled several times. Forty years have elapsed, during which time she has enjoyed good health. About five or six days ago she commenced coughing; early in the morning she had a violent chill, which continued more or less for three days. This was succeeded by abundant sweats when she was in bed, which were followed again by chills, as soon as she exposed herself to the air. On inquiring of this patient whether she had been suddenly cooled before her attack, she answered in the negative; she told us that she did not feel cold, either the evening previous to the day of invasion, or the preceding days; and she added, that she had always led a regular life, and had never been exposed to atmospheric vicissitudes. You will see presently the value of these points of information.

The chill in this patient continued, with a general sensation of cold, for nearly three days; and then the local phenomena were developed one after another. The third day she experienced a severe pain under the right nipple, and an intense diarrhoea supervened, with four or five discharges a day; very fetid matter being rendered each time. A constant distressing cough declared itself at the same time, with viscous, adherent sputa. On the 27th of November she was carried into the hospital. On her entrance she was immediately bled.

On our visit the following morning her condition was as follows: Great dejection; general feebleness; anxiety; face injected; skin dry and hot; pulse 110; respiration oppressed and hurried, (40 per minute); expectoration viscid and adherent; mouth dry, as well as the throat; belly slightly meteoric, (the diarrhoea had ceased since the evening;) insomnia for five days; entire want of appetite. On ausculting

her, we found posteriorly, at the summit, and at the two sides, a dry, well marked bronchitic souffle over a space as large as the palm of the hand. When the patient was made to cough, some humid rales were heard, but no genuine crepitation. Under the axilla there were a few bubbles, and here and there a little mucous rale in the bronchi, at the posterior and inferior part of the chest. Under the left nipple, the seat of pain, you heard a pure respiratory murmur. Thus we had a severe pneumonia to treat, especially grave from the phenomena which accompanied it.

What was the appropriate treatment in such a case? Sanguine evacuations seemed to me hazardous, on account of the great feebleness of the patient; it was rather a case for the use of tartar emetic; but there existed considerable intestinal irritation, which might be aggravated by the antimonial. Hence it was thought advisable to postpone its employment, at least for the time, and to avail ourselves of it at a later period, should it be deemed advisable. We relied for the time on blisters, whose great utility in such cases has been largely demonstrated by my experience. A large one was accordingly applied under the axilla; that region being preferable to the back, on account of the inconvenience and pain they produce there, especially in patients who already suffer much, and are weakened by a disease of some duration. It may also act advantageously on the intestinal inflammation, by making a favourable revulsion. To this treatment were added enemata and emollient drinks. On the third day the state of the patient somewhat improved; the diarrhoea entirely ceased; there was but little pain on pressure; and it remained only slightly meteoric. The cessation of the abdominal symptoms we considered as very favourable, for they always constitute a dangerous complication to the principal affection. On ausculting her on the fifth day, we heard a fine crepitant rale, indicating the commencing of resolution in the lung; the tongue was less sticky; the sputa were still viscous, but were not streaked with red; the pulse had descended to 84 or 80; the heat was less burning; the skin more natural; and there was less anxiety about the patient. In fact, she appeared considerably better in several respects; although the night previous she had had slight delirium, which is a symptom of some gravity; and she also had passed her urine several times involuntarily, a circumstance to which, however, I did not attach much importance, although it is commonly regarded as very serious; for, in this patient, it only escaped during an access of cough. Still, we were not without uneasiness for the fate of the patient. The intestines having been the seat of irritation, and some traces still remaining, we were unable to resort to purgative medicines. On the next day, (Dec. 3,) there was no amelioration; a small dose of castor oil which was administered produced no effect; the belly continued somewhat tender and tympanitic; auscultation revealed well marked crepitation at the posterior part of the lung. The pulse was 88, and feeble; there was a state of great prostration.

Kermes Mineral was ordered, with an infusion of

ground-ivy with soup, and a little wine. We employed these means to combat the extreme prostration of the patient. I may here call your attention to the importance of distinguishing between true debility and that state of weakness which is only apparent, which is called oppression of the forces, and which disappears under the use of an antiphlogistic treatment, more or less energetic. This species of weakness generally occurs at the commencement of severe inflammatory attacks, and is caused by the oppression of the vital forces by the inflammatory action. But when debility supervenes, when the disease has nearly ran its course, when the inflammatory symptoms have diminished, when the pulse has fallen, and is small, then, I say, this debility should not be confounded with the *expressio virium* of the ancients; it is genuine debility, and demands appropriate treatment. In this case there is that indication which the ancients called *vital*, that is to say, the indication to arrest life, which threatens to go—it is by the administration of stimulants and tonics with prudence that this result is to be obtained.

On December 6th she seemed better; her forces rallied; her pulse remained the same; where at first we had pure bronchial respiration, we now had nearly normal respiration, and we had every reason to anticipate a speedy resolution of the disease. From this time the patient continued to improve, and by the 18th of December was in a state of confirmed convalescence.

In our first examination of this patient, I insisted on the question, whether she had been exposed to any sudden change of temperature; and she answered in the negative. This circumstance seemed to me important, and I designedly was particular in my questions; for some physicians have insisted that pneumonia, as well as rheumatism, was always produced by exposure to cold. Now I have kept a register of a vast number of cases of pneumonia, and I pronounce this opinion unfounded. It no doubt happens, that in a large number of cases there is sudden exposure to cold sometime before the invasion of the disease; but it is, however, by no means the only cause, or, indeed, the chief cause. In such individuals, we should admit a predisposition which the exposure to cold has developed. The cold, in this circumstance, is only the occasion of the explosion of a preëxisting morbid state; in the same way, for example, that a simple indigestion can be the determining cause of a gastritis in a patient whose stomach was strongly disposed to inflammation: so that sudden exposure to cold has not all the importance in the production of pneumonia which some physicians would wish to accord to it.

Not so, however, of the initial chill; this is a phenomenon almost constant in pulmonary inflammation; it is in this affection that you most often observe it. Consequently, whenever the physician finds himself in presence of this symptom, he should immediately direct his attention towards the respiratory apparatus, and there he will almost always find some morbid phenomena in train of development; unless, indeed, other symptoms should not induce him to be arrested by some other organ. You should, therefore, never lose sight of the chill, at the debut, as an initial phenomenon of an acute inflammation of the lung. I do not deny that a chill may not occur at the commencement of other affections, as an enteritis, or a peritonitis, for example; but these are exceptions, and you should never base your diagnosis on exceptions. Hence, whenever I am called to a patient, and I find him with a well marked chill, if no other phenomena appertaining to other affec-

tions are present, I always look immediately to the lungs, for I know that most generally it will be the seat of the disease. I cannot tell you how often this sign alone has served me, as a faithful guide in such cases; whilst other physicians, called to the same patient, and not taking this symptom into account, have imagined some other seat for the disease.

There is another symptom which merits your consideration—the pain in the side. In pleuro-pneumonia the seat of pain is most commonly in the mammary region, although the point of disease in the lung does not correspond, or extends much beyond it. An attempt has been made to explain the cause of this pain, and its want of correspondence with the seat of the disease, by saying that the visceral pleura exercises greater friction at the *mammæ* than at any other point of the thoracic parietes; pain manifests itself there when the serous membrane becomes inflamed. But if such were the case, the pain would not be limited to one circumscribed point, but would embrace all the surface, which is the seat of the friction of the visceral and costal pleuræ; it ought to shift about also, which never happens. The explanation of this phenomenon is, therefore, unknown, and we should not lose ourselves in vain hypotheses in attempting to account for it, but should be contented to remember the fact, which is one of great importance in diagnosis.

Paris, Dec. 1842.

CASE OF ABSCESS.

By DAVID H. TUCKER, M. D.

Physician to the Philadelphia Dispensary.

Jane G—, aged 24 years, house-servant; her general health has been good. I saw her, for the first time, on 15th of January, when she was labouring under a suppression of the menses, occasioned by exposure while washing the pavement. By the use of the warm hip bath and diaphoretics her catamenia returned, and she was much relieved—but very weak. I ordered the infusion of serpentaria and requested her to send for me if she became worse.

On 28th of February she sent for me. I found her in bed. On inquiry, I learned that she had been quite well since I last saw her, but on Sunday, 26th Feb., without any premonition, she felt something give way in her right side; this was succeeded by intense pain, and the appearance of a tumour in the right lumbar region. Previously* she had observed no swelling. On examination, I found the tumour about the size of an orange; the integuments were so tense, and the pain so great, that it was impossible to make a proper examination of the tumour. I ordered a blister over the region of the pain, and laudanum was given internally *pro re nata*.

March 1st. The pain was less—but the tumour was still so tender as to oblige her to flex the thigh on the body, thus relieving somewhat the tension of the integuments. She had no rigors; no fever; pulse and tongue nearly natural. The sudden appearance of the tumour, and the absence of all signs of suppuration, rendered it impossible to decide as to the nature of the disease.

* I learned, since her death, that she had a tumour of the posterior part of the right hypochondriac region, which disappeared after her attack of Feb. 28th. This she told me.

ture of the disease. The blistered surface was covered with warm laudanised poultices. Laudanum internally; and, as she was costive, I ordered a brisk cathartic.

2d. Patient slept well, and feels but little pain while perfectly still. Bowels well opened. Tumour has increased in size, and is still very tender. It is elastic to the touch, but there is no apparent fluctuation. Leeches were ordered to the most prominent part of the tumour. Laudanum and poultices continued. Diet nutritious.

14th. Tumour has increased very much in size, so that it now occupies a portion of the right hypochondriac and epigastric regions, the whole of the right lumbar, part of the iliac region, and, pointing at the umbilicus, it also occupies almost the whole of that portion of the abdomen. The tumour is not moveable; but the elasticity still exists, though we could discover no fluctuation. Bowels opened by enemata. Urine is natural, both in quantity and quality. Appetite, which up to this time has been good, begins to fail. No fever or rigors.

R. Sol. Iodidi Ferri, gtts. iv, three times daily.

The tumour to be painted three times a-day with Lugol's tincture of iodine. Laudanum, *pro re nata*.

From this time the patient's health began to decline, and the tumour still increased in size. No fever or rigors; urine natural; bowels open; pain still very great, but appears to be due chiefly to the tension of the integuments. Forty or fifty drops of laudanum generally affords relief.

Treatment continued.

On 25th of March she was as well as usual; took a hearty breakfast; in the afternoon her bowels were opened, and immediately after she died without a struggle.

Autopsy thirty-six hours after Death.

Emaciation considerable. An incision was made down the median line. The walls of the abdomen were closely adherent to the tumour. On puncturing this latter, an enormous quantity of pus issued from its cavity, which consisted of a cyst, extending from the under surface of the liver to the lower part of the right iliac region. The intestines were pushed to one side, so that the whole of the right side of the abdomen was occupied by this *sac*. Right kidney, except a small portion of its cortical substance, was entirely destroyed, and its cavity communicated with the cyst just described.

Liver. This organ was very soft, and easily broken up. In the substance of the posterior part of the right lobe there was a second abscess, contained in a cyst, the walls of which were thick and firm; and at the lower portion there were two foramina, opening into the lower sac. The membrane composing this cyst was black and softened around the foramina we have mentioned. Peritoneal adhesions existed throughout, and tuberculous matter was deposited under the peritoneum.

Stomach was healthy. Colon much contracted. The left kidney was healthy. Lungs gorged with blood. The right one contained, at its summit, one tubercle, of an oval shape, and about the size of a shilling. The pleural adhesions were very strong, especially over the diaphragm. Heart natural. Head not examined. The quantity of pus was estimated at two gallons.

Remarks.

In this case there were two distinct sacs—the one in the liver, and the other in the kidney. The proper capsule of the organ at first limited these ab-

scesses, but as they gradually enlarged they formed adhesions with the surrounding parts, and at length with each other. And it is almost certain that, at the time she had the sensation "of something giving way," the matter from the hepatic abscess passed (through the two openings we have mentioned) into the lower or renal sac, thus causing the gradual increase in size of the latter. If the discharge had not have taken place at this point, the abscess must have burst into the cavity of the abdomen, and caused immediate death.

The most interesting point in this case is, that such extensive suppuration should be unattended with any symptoms indicative of its existence. It is possible that, in the commencement, symptoms of suppuration may have existed; but the patient was not aware of them, or she would have mentioned them when I first saw her in January. And since her last attack I have questioned her frequently, and I could elicit nothing that gave the slightest clue to her disease. She had, at no time, any symptom of hectic, nor, indeed, of derangement of the functions of the organs involved. As to the ulceration of the kidney, it is more than probable, if the case had been seen early, I might have detected a tumour in the abdomen, or pus would have shown itself in the urine, which it never did, after I saw her, at her last attack. And this, no doubt, was owing to the occlusion of the ureter. There was no diminution in the secretion, that I could observe. Diseases of the liver, we all know, are very difficult of diagnosis. Amidst the numerous improvements of deferential diagnosis, which, of late, have thrown so much light on affections of the brain, lungs, stomach and intestines, *those* of the liver are left in comparative obscurity. In this case it is difficult to imagine that an important organ in the digestive apparatus should be so completely disorganised without producing a material derangement in the digestion; but, in fact, this was not the case, for her appetite, &c., remained good to the last.

It would be interesting to know how long these abscesses had existed—which of the two was first formed? But as the history of the case, previous to February 28th is not very exact, I shall not stop to inquire.

The presence of firm sacs for the purpose of limiting the extent of the abscess, the adhesions of these sacs with the surrounding tissues—and, as in this case, the pointing of the tumour to the weakest part of the abdominal walls, are all admirable efforts on the part of nature either to produce a cure, or to prolong the life of the individual.

The sudden appearance of this tumour, and the absence of all symptoms, prevented us from making a diagnosis in this case. Her death, at the time, was unexpected, and can, probably, be accounted for only by supposing that she fainted, from the exertion of getting up; and in her debilitated state, no means having been taken to rouse her, her system failed to react.

March, 1843.

CHAPPED NIPPLES.—Dr. Donné thinks that this troublesome and distressing complaint is frequently connected with an altered state of the milk itself. The milk will, in many such cases, be found to be poor and watery, not abundant, and containing more or less of mucous matters. The child being imperfectly fed, and finding difficulty in drawing the milk, pulls at the nipple more than usual; and perhaps, at the same time, its saliva is more than commonly saline, and thus increases the irritation.

CLINICAL LECTURES AND REPORTS.

JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROFESSOR MÜTTER.

Dispensary of Jefferson Medical College, Jan. 25, 1843.

(Reported by H. T. Child.)

LECTURE IV.

CASE IV.—Ranula—Operation.—Dr. M. remarked that the disease with which this patient, a female, aged 15 years, is affected, has been termed *Ranula*,* from the fancied resemblance of the tumour which characterises the complaint to the belly of a frog; or, according to some, from the fact that the voice is rendered by it hoarse or croaking. The anatomy, as well as the functions of the organs concerned in this disease, were but little understood by the older authorities, and hence it appears that ranula was often confounded with other affections. For instance, Celsus describes as ranula what must have been a common encysted tumour. Aëtius supposed it to be nothing more than a varicose condition of the sublingual veins. Aranzi thought it a common abscess. Fabricius and Dionis considered it an encysted tumour of the melicerous kind. While Abul-Kasem, and the Arabians generally, viewed it as a malignant or cancerous affection. Louis, of Paris, was the first to indicate its true character, and the disease was shown by him to be nothing more than "a tumour containing fluids of different kinds, in which solid matter was occasionally found, and which originated from obliteration, either partial or complete, of the excretory ducts of the submaxillary and sublingual glands." It appears that the disease is confined to these sublingual ducts—those of the parotid and pancreas being too dense and unyielding to admit of the distension requisite to form a tumour resembling that found in ranula.

Although the definition of Louis is generally received as one correctly indicating the nature of ranula, we yet find some difference of opinion among modern surgeons relative to the precise mode of origin of this complaint. Dupuytren, for instance, states that up to this time it has not been clearly shown, by dissection or otherwise, whether the complaint is in reality situated in the sublingual ducts, or whether it consists merely in a serous cyst, or whether it may not originate in the dilatation of a mucous follicle. He, as well as Malgaigne and Breschet, believe that many cases reported as dilatation of the sublingual ducts are nothing more than serous cysts. Admitting the possibility of such mistakes, we shall yet consider ranula as a tumour, filled in its commencement with fluid, saliva or mucous, and originating exclusively in the obliteration of the salivary ducts of the sublingual and submaxillary glands.

From the experiments of Gmelin, however, it would appear, that in some cases after the disease has existed for a short time, the fluid is essentially different from saliva, containing no sulphocyanate, and only a small quantity of salicine, with some albumen. The albumen amounts to only two per cent., though the fluid is as thick as others containing about five per cent. It is supposed, therefore, "either that the fluid of ranula contains some peculiar material to which it owes its thickness, or else that the albumen in it is of some peculiar kind."

There is usually no difficulty in recognizing the disease—especially in its early stages. The tumour is either oval, or round, or lobulated; situated on one or both sides of the frænum linguæ; usually trans-

parent, so that the nature of its contents may be detected at once; elastic when fully distended, but sometimes yielding a distinct fluctuation; scarcely at all painful; and rarely producing any inconvenience, unless it attains a large size, when it displaces the anterior portion of the tongue, turning it back upon the fauces, and thus occasioning difficulty in deglutition, as well as imperfect and indistinct articulation. When the tumour has existed for some time, its walls become thicker and less transparent, and its contents change in consistence, so that the diagnosis is more difficult. The fluid, at first, is nothing more than saliva or mucous, but it soon becomes of the consistence and color of white of egg; sometimes it is purulent; and often we find concretions of a calcareous or even stony nature; and in a case reported by Tulpius, the whole mass was composed of a dense hard tissue, and was removed by the application of the actual cautery. Whenever these changes, or any one or more of them take place, the disease may be confounded with tumours of different kinds occupying the location of ranula. In a case to which I was recently called by my friend Dr. McCleane, a steatomatous tumour, of the size of a small orange, occupied the precise spot of ranula, and from the sac's containing fluid sufficient to give rise to fluctuation, I was under the impression that it was nothing more than an example of salivary tumour, with its walls thicker than usual, and containing along with the fluid a portion of solid matter. In removing it, it was found necessary to dissect out a large sac nearly filled with a caseous substance, and the case was, in reality, one altogether different from ranula.

Although ranula cannot be considered an affection of much danger, we have cases reported by Hildanus, Marchettis, Alix, Taillardan, Allen Burns, Cline, Velpeau, Bonnet and others, in which, from the immense size of the tumour, the patients were in imminent danger of losing their lives from suffocation and compression of the carotid arteries. Cooper also cites cases where the tongue was much displaced, and mastication and deglutition materially interfered with. In infants it prevents the action of sucking.

Causes.—The closure of the ducts of the sublingual or submaxillary glands may be occasioned by inflammation of the tongue or its mucous coat, by aphthæ, or common ulceration of the ducts themselves, by wounds of the ducts, or the operation for tongue-tie or stammering, and by the lodgement of calculous matter, or inspissated mucous or saliva in their orifices. Occasionally the disease is congenital, as the cases of Stoltz and Dubois clearly prove. Dupuytren and Breschet doubt this, and suppose that all such examples are in reality only serous cysts.

Treatment.—Ranula, although generally requiring an operation for its relief, is nevertheless susceptible, though rarely, it is true, of spontaneous cure. Sometimes a fistulous orifice may be formed in the wall of the tumour by ulceration; and occasionally, when the tumour acquires considerable size, it bursts, and its contents escaping, the sac is obliterated; in either case a cure may take place without the assistance of the surgeon. But inasmuch as the treatment is usually devoid of danger, and certain in its results, we should never trust to nature where a case is brought to us. We must relieve the patient as soon as possible.

The indications in the treatment are very simple. We must, in the first place, carefully remove the obstruction of the duct, provided this is practicable. If this cannot be done, we must establish a fistulous opening through which the saliva may escape, or we must obliterate the sac, by causing its inner sur-

* From Rana, a Frog.

face to granulate after its contents have been removed, or we may remove it.

The first indication is readily accomplished—provided the obstruction be calculous or inspissated mucous—by picking out the foreign body with the forceps, or by cutting it out where we cannot remove it by the forceps alone. When the obstruction is the result of chronic inflammation with thickening, we may sometimes overcome the difficulty just as we do in affections of a similar nature, involving other mucous cavities or tubes, by the repeated introduction of small bougies or probes, or by allowing small leaden stilets to remain for a day or two at a time in the duct, as advised by Louis. When the ducts are obliterated, we must resort to other means. The plan first tried was nothing more than making a simple incision into the sac, by which its contents were evacuated, and then leaving the case to itself. These incisions universally fail to afford relief, inasmuch as the cut soon heals, and then the integrity of the sac being restored, the fluid soon accumulates. In order to prevent the closure of the wound, it is proposed to make an oval or round incision, and then touch the margins with nitrate of silver, so as to render them callous. This plan, originating with Louis or Camper, is the method I prefer to all others, and will succeed in nearly every case of pure ranula. To accomplish the same end, it was long since proposed to introduce some foreign body into the wound—pieces of lint, a temporary style, hollow tubes, &c. &c.; but Dupuytren was the first to propose the introduction of something intended to remain until the cure was accomplished.

He used a little button, termed by him “bouton à demeure,” (from the circumstance of its being left a long time in the wound,) consisting of two elliptical plates or buttons, five or six lines broad in their greatest diameters, and joined together by a pedicle or stem two or three lines in length; the external surface of these plates was convex, the internal concave. A puncture two lines long being made in the tumor, and its contents discharged, one button is introduced into the cyst, and the other remains in the mouth.

This plan, a modification of that of Lecat, will answer in some cases, but is not to be preferred to that of Louis or Camper. Various attempts have been made to destroy the sac, or cause it to granulate, some of which are occasionally useful; but they should never be performed where we can possibly get along with the more simple methods just described. The most ancient of these operations is probably that in which the sac is destroyed by *caustic* or *escharotics*, or the *actual cautery*; it is rarely, if ever, resorted to at the present day. Injecting the sac with some stimulating liquid, as we do in hydrocele, has also been employed, but with a success so partial, as scarcely to warrant our receiving the method among those deserving confidence. The introduction of a seton with the same view, has been recommended by Physick, Home, Laugier and others, and is unquestionably sometimes a successful means, but it causes great inconvenience, and is not so certain as the operation of Louis. Finally, when all other measures fail, and the tumor is large, it may be necessary either to excise a considerable portion of its walls, or dissect out the whole mass. The operation is dangerous, and should not be resorted to except in cases of absolute necessity.

Prof. M. then proceeded to operate by cutting out a fold of the wall of the tumour and evacuating the contents, which resembled white of egg. The parts were then touched with argenteum nitratum. The operation was simple, and gave the patient little or no pain.

BIBLIOGRAPHICAL NOTICES.

The Annual Report of the Court of Directors of the Western Lunatic Asylum to the Legislature of Virginia, with the Report of the Superintendent and Physician. For 1842. Staunton: 1843. 8vo. pp. 61.

The perusal of this report has afforded us sincere gratification and pleasure. The extension of well managed institutions like the present, is to be desired by every friend of humanity.

One hundred and fifty-two insane persons have been accommodated with apartments in the Asylum during the year, of whom one hundred and five were males, and forty-seven females. The whole cost to the Commonwealth of this large number of patients, was \$20,000, which sum, divided among the white population of the State, would give two cents and a half for each individual. The great disproportion between the sexes, is owing to the inability to accommodate, safely and conveniently, more than forty females. The number of female applicants on the list is above eighty; and additional buildings, designed for their especial use, are in course of construction, from legislative appropriation.

Table III confirms the general experience on the subject, that insanity is a much more common disease amongst the single, than the married portion of the community. From Table V. it would appear that few patients in the institution “became insane earlier than the age of puberty, or later than that period of life when the mental and physical energies usually begin to decline. A far greater number of the cases occurred between the ages of twenty and thirty-five, than within any similar period in point of duration. These facts correspond with what we see reported from most other institutions for the insane in this country, and tend strongly to prove that when the mental and physical powers are at their acme, and most actively employed, and at the period when the cares and responsibilities of life are usually most onerous, then is this sad affliction most to be dreaded.”

Of the whole number of patients,

“But twenty-one had been insane less than one year, and but twenty-two between one and three years; whilst nineteen had been in that condition from three to five years, thirty-two from five to ten years, fifteen from ten to fifteen years, twenty-six from fifteen to twenty years, and six from twenty to thirty years. Those reported unknown, were for the most part, wanderers from other States, of whose history nothing could be ascertained—but the presumption is not unreasonable, that many of them had been so long burthensome to their friends, as to have reconciled them at least to their departure.”

Dr. Stribling thinks that experience has amply demonstrated the fact, that but few persons afflicted with insanity for a longer period than two years, are ever restored to reason. Much, however, can be done to alleviate their sufferings, and render them contented and comfortable.

Dr. S. has found decided benefit to result from subjecting his patients to a thorough course of medical treatment. He regrets that so little of the general principles which should govern the treatment of this disease is known by the profession generally, and he thinks this

want of information is frequently a serious evil. He says:

"It rarely happens that a patient is brought here, after having previously been under the care of a medical practitioner, in regard to whom it cannot be said that he has been '*well bled, blistered and purged.*' So indiscriminate and universal is this practice, and to such an extent is it frequently prosecuted, that it numbers amongst its *victims*, those labouring under every form, degree, and duration of insanity! But those who are most exposed to it, and in the greatest degree injured by it, are individuals afflicted with active mania. Here the practitioner rarely fails to attribute the usual consequences, which result alone from *nervous* excitement, to inordinate *arterial* action. The incessant ravings, extreme restlessness, flushed countenance, heat of skin, excited pulse, distended blood vessels, and almost supernatural muscular power, which in such cases are but *effects*, are unfortunately, for want of proper discrimination, viewed as *symptoms* of the disease, and the unhappy patient is forthwith subjected to a course of *active depletion*, with *blisters*, designed to act as revulsives, which invariably increase the evils they were intended to relieve. Whereas, had he been placed as far as practicable beyond the influence of external excitants, the circulation equalized by cold applications to head, with the warm foot bath, and after a gentle laxative, for the purpose of removing whatever by its presence in the intestinal canal might have proved irritating, been subjected to the influence of narcotics, administered freely and at short intervals, the result must have been far different. I would by no means assert that cases never occur, in which a free use of the lancet, and other depletory measures, are not absolutely required, for the reverse is the fact; but such cases are, beyond question, *comparatively* rare, whilst the practice complained of, is, as before remarked, almost universal."

The highest degree of nervous excitement is compatible with an entire absence of any circulatory disturbance, and yields speedily to a treatment which would quickly aggravate a similar case, dependent on vascular excitement. Suitable moral means, in the treatment of insanity, is of the first importance, and seems to be adequately appreciated in the Staunton establishment. A system of classification is pursued, which, besides securing good order and the appearance of comfort, operates powerfully in promoting good deportment, from the dread of being degraded to a lower class. Promotion to a higher class is attended with corresponding results. At the table order is preserved; and one hundred and twenty-nine patients eat more or less regularly at the tables. Amusements of various kinds are furnished, and are engaged in by the patients with good effects. Exercise in the open air, in suitable weather, is freely taken.

"Having experienced great difficulty in inducing the third class of male patients to take sufficient exercise, owing to their mental and physical energies being almost prostrated by the duration of their disease, the experiment was adopted in the course of the year of organizing them into a militia company, officered from amongst themselves, and supplied with badges to designate their appropriate rank. In suitable weather they paraded frequently, and by the tap of the drum were marched under the supervision of one or more of the attendants for several miles into

the country. Besides the good effects of fresh air and wholesome exercise in invigorating their physical health and reviving their spirits, many were induced to manifest an interest as to the dress, order, &c., who had previously seemed indifferent to every means resorted to for the purpose of amusing or occupying them. This company has been thrown somewhat into disorder, in consequence of the severity of the weather having interrupted the parades, but chiefly because its captain has recovered his reason and left us, to engage in more profitable employment; there are, however, several aspirants for the office thus vacated, and we anticipate, so soon as the spring opens, reviving our military spirit, reorganizing our forces, and unfolding again our colours to the breeze."

Music constitutes a favourite recreation; and performances on the harp, piano, guitar and flute, constantly enliven the household.

Books, of a light and amusing character, are eagerly sought after by many of the inmates, and with some, historical works are a constant subject of study. The books are well kept, and returned in good order. The larger class of readers, however, prefer the newspapers, and those with matters of local interest are the chief favourites.

With respect to labour and employment, the Report says:

"Each year's experience tends but the more strongly to impress us with a conviction that of all the moral means resorted to for the benefit of the insane, none can compare in degree or extent of usefulness with appropriate manual labour."

The institution, too, is largely benefitted by this system. The produce of the farm and garden alone was worth \$980 for the past year; and the female patients produced by their work \$463.

The importance of sending the insane early to an asylum is strongly urged. Many are deterred from so doing from ignorance of the actual condition of Institutions of this nature.

The report terminates with some well written remarks on simulated insanity.

With this imperfect notice of Dr. Stribling's labours we take our leave of them, with an acknowledgement of the pleasure we have derived from their perusal; and venture to express the hope that his philanthropic views may be fully carried out, and crowned with the success they deserve.

A Treatise on Ruptures. By W. LAWRENCE, F. R. S. &c. etc. From the Fifth London Edition. Revised, Corrected, and considerably Enlarged. Philadelphia: Lea & Blanchard. 1843. 8vo. pp. 480.

The work of Mr. Lawrence is among the classics of our medical literature. It is at once concise and copious, and contains all that either the student or the practitioner can possibly require. It is in all respects admirable.

There exists much discrepancy respecting the general statistics of hernia, and although much has been attempted in the way of elucidating this question, little positive knowledge has been added to our stock of information. The statements of writers on the subject

exceedingly perplexing and contradictory. Of two French authorities, one states that one in every eight of the entire population is afflicted with hernia; whilst the other affirms that only one in a hundred is so situated. There are so many modifying circumstances to be considered, that, unless these be duly weighed, great risk of error in our computations may occur. Climate would seem to exercise a decided predisposing influence. In northern regions, one in thirty would seem to be about the exact ratio; whilst in temperate climates one-twentieth of the population, and in hot countries one-fifteenth are affected. The elaborate statistics of M. Malgaigne have rather obscured the difficult subject of hernial statistics, than thrown any light upon it. M. M. seems anxious rather to startle by some novel assertion destructive of all our settled notions, than to have sought actual facts. M. Malgaigne, in the course of lectures alluded to—and which, in the introductory, promised to effect so much—unscrupulously appropriated, without acknowledgement, the present treatise; and, in his subsequent publication, treated Mr. Lawrence and his work with contemptuous silence.

A System of Practical Surgery. By WILLIAM FER-
GUSON, F.R.S.E., Professor of Surgery in King's
College, London, etc. etc. With two hundred and
forty-six Illustrations, from drawings by Baggs, en-
graved by Gilbert. With Notes and Additional Illus-
trations. By GEORGE W. NORRIS, M.D., Surgeon
to the Pennsylvania Hospital. Philadelphia, 1843.
8vo. pp. 629. Lea & Blanchard.

It is with unfeigned satisfaction that we call the atten-
tion of the profession in this country to this excellent
work, which, although presenting some of the defects of
most of the recent transatlantic publications on the same
subject, yet richly deserves the reputation conceded to
it, of being the *best practical surgery extant*, at least in
the English language.

The matter added by the American editor is both in-
teresting and useful, and bears the impress of his cau-
tious and discriminating mind. The illustrations are
also admirably executed, and will contribute much to the
reputation of Mr. Gilbert, already known as one of the
best of our "workers in wood;" and we unhesitatingly
declare, that no American book of this class will com-
pare with it in all the minor details of "getting up."
Too much praise cannot be awarded to the enterprising
Publishers, to whom the profession is already so largely
indebted; and we sincerely trust that their effort to
bring out medical works in this style, will meet with the
encouragement it so richly deserves. T. D. M.

THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL 15, 1843.

MEDICAL ETHICS.

We are pleased to learn that the College of Physicians
and Philadelphia Medical Society, two of the oldest and
most efficient medical institutions in the country, are
each engaged in framing a code of laws to regulate the
professional conduct of their members. There has been,

for many years past, a tacit understanding amongst the
great body of physicians in Philadelphia, in reference to
the general principles which should regulate their inter-
course with each other. The most prominent members
of the profession, for the past half century, have been
men distinguished alike for their talents and attainments,
and for their high sense of professional honour and inte-
grity. Of this class were Rush, Kuhn, Wistar, Parke,
Griffiths, Moore, James, Physick, Parrish, and others,
who were among the founders and early members of the
College of Physicians. These men gave a tone to the
medical character of Philadelphia, and created by their
example alone a high standard of professional morals.
Under these circumstances the necessity of a written law
was scarcely felt.

Within a few years past, however, the number of phy-
sicians has rapidly increased, and, as a consequence,
there is a more lively competition, and stronger tempta-
tions exist to swerve from the path of rectitude and in-
tegrity. There is less community of feeling and interest,
the bonds of fellowship are weakened, and old landmarks
are lost sight of in the eager pursuit after fame or for-
tune. This state of feeling is constantly becoming more
evident; and although a strong counteracting influence
exists amongst a large portion of the profession, there is
still an urgent necessity for a written code of laws which
shall distinctly define the duties of medical men; and an
infraction of which should render a physician liable to a
forfeiture of any privileges or influence which he may
derive from fellowship with the more honourable portion
of his compeers.

Professional quackery is, unfortunately, a growing
evil, and we cannot but hail the present movement on
the part of the medical bodies mentioned, as a most
timely and salutary measure, well calculated to elevate
the character of the profession, and greatly to enlarge its
usefulness.

We subjoin an abstract of the "rules of professional
conduct" passed at the meeting of the Medical Society,
held on the 1st inst. These rules were reported by a
committee appointed to revise the by-laws, and are in-
tended as a part of these laws.

The mode of procedure against such members of the
Society as shall violate these provisions, is still under
discussion, and will probably be decided at the meeting
to be held this evening. We hope the profession will be
fully represented on the occasion.

"Any member of the Society shall forfeit his
membership by any one of the following acts:

"1. Publishing his qualifications, trading in,
holding a right in, or advertising, secret or patent
medicines or instruments.

"2. Reporting his practice, including surgical
operations, in other than medical works.

"3. Publishing in other than medical works, any
article reflecting on the profession, or tending directly
or indirectly to enhance his own merits, or undervalue
those of other practitioners.

"4. Practising or sanctioning any system of
quackery or imposture, including what is called Ho-
mœopathia."

*Death from bursting of a varix in the thigh of a
pregnant woman.*—An example of this kind is re-
corded by Dr. Killer in the *Medicin. Zeit. vom*
Preuss. Verein, Nov. 30, 1842.

RETROSPECT OF THE MEDICAL SCIENCES.

On the use of the Liquor of Hydriodate of Arsenic and Mercury in Cutaneous and Uterine Affections. By ISAAC E. TAYLOR, M. D., of New York.

In volume 16th of the Dublin Medical Journal, M. Donovan recommends to the profession, a new chemical combination entitled "*Liquor Hydriodatis Arsenici et Hydrargyri*." In the last eighteen months I have prescribed this preparation in a number of cutaneous diseases, and I feel happy in being able to testify that it produces a more marked and prompt effect than the various remedies usually resorted to in those intractable varieties, Lupus, (its different forms,) Rupia, Psoriasis, Secondary Venereal, &c.

Mr. Donovan's formula for the "*Liquor Hydriodatis Arsenici et Hydrargyri*," is the following:

Triturate 6.08 grains of finely levigated metallic arsenic, 15.38 grains of mercury, and 50 grains of iodine, with one drachm measure of alcohol, until the mass becomes dry, and from being deep brown has become pale red. Pour on eight ounces of distilled water; and after trituration for a few moments, transfer the whole to a flask; add half a drachm of hydriodic acid, prepared by the acidification of two grains of iodine, and boil for a few moments. When the solution is cold, if there be any deficiency of the original eight ounces, make it up exactly to that measure with distilled water. Finally filter.

His theory of this process is the following. By the long continued trituration of arsenic, mercury, iodine and alcohol, the metals are converted into iodides, which combine. The mass, by solution in water, is converted into an hydriodate of arsenic and mercury. The quantities of the two metals are so adjusted, that, when converted into protoxides by decomposition of a portion of the water in which they are dissolved, there will be eight grains of protoxide of arsenic, and sixteen of protoxide of mercury. The quantity of water is such that each drachm measure of the solution will contain exactly one-eighth of a grain of protoxide of arsenic, and one-fourth of a grain of protoxide of mercury. Mr. Donovan conceives that the quantity of mercury ought to be double that of the arsenic, in order to insure a slow and moderate, yet adequate mercurial action along with the proper effect of the arsenic.

Of this liquor hydriodatis arsenici et hydrargyri, each drachm measure consists of:

- Water, one drachm.
- Protoxide of arsenic, one-eighth of a grain.
- Protoxide of mercury, one-fourth of a grain.
- Iodine (converted into hydriodic acid) four-fifths of a grain.

The colour of this solution, Mr. D. states is yellow, with a pale tinge of green: its taste is slightly styptic. It cannot be properly conjoined with tincture of opium, or with sulphate, muriate, or acetate of morphia; for all these produce immediate and copious precipitates in it. Hence if opiates are to be used during the exhibition of this arsenico-mercurial liquor they must be taken at different periods of the day. Tincture of ginger produces no bad effect.

Mr. Donovan recommends the following formula:

R.—Liquoris Hydriodatis arsenici et hydrarg. drachmas duas; aquæ destillatæ uncias tres cum semisse; Syrupi Zingiberis semunciam. Misce—Divide in haustus quatuor. Sumatur unus mane nocteque.

Thus one-sixteenth of a grain of protoxide of arse-

nic, and one-fourth of a grain of protoxide of mercury would be taken in each dose, along with two-fifths of a grain of iodine, which being in a state of combined hydriodic acid, will be much diminished in energy of medical effect. This is according to Mr. D. the proper dose to begin the exhibition of arsenic with, but it will very soon be necessary, he says, to increase it.

The division into draughts is necessary; first to insure accuracy of the dose, so essential in the case of this active medicine; and next to prevent injury to the ingredients by the use of a metallic spoon as a measure.—*American Journal of the Medical Sciences*, April, 1843.

EXTIRPATION OF A TUMOR INVOLVING THE PAROTID GLAND.

BY BENJAMIN TRAVERS, JUN.

On the 21st of December last I was called upon to remove a large tumor from the side of the face of a married lady in her 29th year, of a leuco-phlegmatic aspect, subject to occasional menorrhagia, dyspeptic, and often ailing, but not apparently strumous. The tumor occupied the parotid space, extending downward into the neck, below and behind the angle of the jaw, and upwards in the direction of the lobe of the ear, which was much raised and projected by its increase. It was flat though prominent, having a smooth surface, generally moveable, but somewhat adherent at the neck, and towards the angle of the jaw.

It was not painful, but perceptibly on the increase, so that deglutition was at times impeded. This tumor had existed twelve months, and, so far as the patient knows, its origin was strictly spontaneous. Mr. Travers was consulted, and the operation had his sanction and superintendence.

The patient was placed in the sitting posture, and the incision extended from behind the ear downwards and forwards towards the angle of the jaw, below and behind which it terminated, a full inch distant from that process. The first stage of the dissection was quickly completed, leaving the superficial investment of the parotid gland exposed in all directions. I then began to raise the growth carefully from before backwards, dividing freely the stylo-maxillary insertion of the fascia; and laying bare the fibres of the masseter muscle. In cutting the fascia an artery was wounded, and secured by ligature. The mass was now much loosened, and protruded considerably, discovering its bulk to be far greater, and its remaining connexions firmer, than was at first suspected. Up to this point nothing had appeared but the healthy though expanded texture of the parotid. On recommencing the dissection on the under side of the growth, there followed upon a slight touch of the knife a sudden protrusion of an apparently steatomatous mass, shelling out from a membranous capsule, and exceeding two inches in its greatest diameter. This was pulled away with the fingers. The collapsed cyst, and the superincumbent gland to which it belonged, remained to be removed. This dissection was the most hazardous and difficult part of the operation, for the pulsations of the carotid artery were clearly visible in the bed of the wound, which was now of considerable depth, and bleeding freely. Much was effected by forcible laceration, aided occasionally by delicate touches with the point

of the knife. In this manner the operation was completed. Just before its close a considerable artery was divided near the neck of the jaw. This was secured with some difficulty. I believe it to have been the transversalis faciei, very near its origin.

The following parts were all exposed and visible. The neck of the lower jaw; the whole of its vertical ramus, inclusive of the angle; the masseter muscle in part; the mastoid process, and attachment of the sterno-mastoid muscle. The place of the external carotid was marked by the presence of strong pulsation; but I do not affirm that the proper external coat of the vessel was seen. Its sheath, I believe, formed the boundary of the gap in that direction. The patient was much exhausted by the operation, which lasted about twenty-five minutes. As soon as the circulation had recovered, a full opiate was given, which procured repose rather than much sleep. It is unnecessary to dwell upon the after-management of the case. Hæmorrhage supervened at midnight, owing to the parting of a ligature. The skin was distended by soft clots, which were passing through the wound for many days, being aided in their escape by a poultice. Union progressed rapidly under plaster and a light compress, confined by a roller carried over the vertex and occiput. The last ligature separated kindly within the first fortnight, and there now remains nothing but a linear cicatrix, interrupted by a small chink, through which a little saliva distils during mastication.

There is another consequence of these operations to which this case offers, for the present, no exception, viz., a partial paralysis of the side of the face. The angle of the mouth droops, and the upper eyelid closes imperfectly. Sensation has, on the contrary, been morbidly excited, and the integuments were, for a time, sore and swollen. An inspection of the gland, which is now in the museum of St. Thomas's Hospital, explains the cause of these symptoms. The ramifications of the facial nerve have been in part removed. Experience has shown that this is an unavoidable consequence of all such operations; but from the testimony of authors,* and other considerations, I am induced to think that motion will be eventually regained.

There were present at this operation Mr. Travers, Mr. Wakefield of Battle Bridge, and Mr. Croft of Arthur Street. I believe the general impression to have been, that the parotid gland was removed on the present occasion. Some molecular pieces no doubt still remain, of which the subsequent secretion is an evidence; but that the central mass of the organ was extirpated I entertain no doubt.

Whatever anatomists may be pleased to affirm to the contrary, the possibility of such removal has been confirmed by repeated experience. I will merely allude to the works of Velpeau, Liston, and Warren, amongst others, as furnishing abundant proof of the fact; and I may here refer to a case which occurred in the London Hospital, and which is reported in your journal of the 5th February, 1831. This operation was performed successfully by Mr. Luke, to whom I am indebted for the foregoing reference.—*Lon. Med. Gaz.* Feb. 24, 1843.

REMARKS ON ABNORMAL SOUNDS IN THE EAR.

BY G. KRAMER, M. D., BERLIN.

The occurrence of accidental or abnormal sounds or noises in the ear has been accounted for in three

ways. 1. It is said that the sound is caused in the interior of the organ of hearing; 2. That it arises from condensation of air in the cavity of the tympanum; and 3. It depends on tension of the membrana tympani.

Although experience has never demonstrated the existence of aneurismal dilatation of the small vessels of the internal ear, and although the small calibre of the vessels must render such an accident very improbable, yet Itard seems disposed to admit it in certain cases giving rise to the development of certain sounds in the interior of the ear. This, however, is a mere hypothesis. The pulsations of which some plethoric individuals complain, have likewise been explained by distension of the arteries of the ear; but it is much more probable that sounds of this kind are produced in the sinuous canals through which the bloodvessels pass to the brain, and that they are rather felt in the head than heard in the ear. The same remark is applicable to the sounds which attend aneurism of the primary carotid and arch of the aorta, or hypertrophy of the heart.

As to condensation of air in the cavity of the tympanum, it is impossible to conceive how such an effect could be produced. Previous obliteration of the Eustachian tube must coincide with such an accident; but then the retained air would be dilated by the natural heat of the body, instead of being condensed. Now, dilatation of the air in the cavity of the tympanum is not a cause of "singing" in the ear, for this symptom is as often absent as present in cases of obliteration of the Eustachian tube.

The third alleged cause is likewise inadmissible. The membrana tympani is always in a state of tension, in healthy persons free from the noises alluded to; it is of a shining hue, and very convex outwards; I have never seen this membrane more tense than it should be in several hundreds of patients whom I have examined with the greatest care, and I am unacquainted with any symptom indicative of this pretended excess of tension. The only alterations which it presents are changes of texture; we find the membrana tympani thickened, inflamed, destroyed in part or in whole, opaque, rough, covered with vegetations, &c., without being able to trace any connection between these organic lesions and the production of abnormal sounds in the ear.

It has been affirmed that all obscurity in the diagnosis of increased excitability of the auditory nerve, as a cause of abnormal sound, ceases as soon as the symptom becomes connected with deafness. By deafness we are here to understand diminution, and not a complete loss of the power of hearing; for mention is made of deafness which has suddenly ceased on the disappearance of the sounds, while the sudden disappearance of true deafness is a thing absolutely impossible. But deafness, (or rather hardness of hearing,) accompanied by irregular noises in the ear, is not dependent on some affection of the auditory nerve alone. It is accompanied by various diseases of the auditory apparatus, and this so often, that we cannot admit, from the coexistence of deafness with abnormal sounds that the latter depend on increased sensibility of the auditory nerve.

To prove this assertion I have taken from my notebook one thousand cases of diseases of the ear, and I have classed them in two series, according as they were or were not accompanied by accidental sounds; the species of disease was noted in each case after careful examination. The following are the results obtained:

* Vide Warren on Tumors.

	With sounds.	Without sounds.
Erysipelatous inflammation of the meatus and obstruction by cerumen - - - - -	72	22
Inflammation of the glandular apparatus of meatus - - -	11	10
Inflammation of its cellular tissue - - - - -	8	0
Inflammation of its periosteum	1	3
Acute inflammation of membrana tympani - - - -	3	1
Chronic inflammation of membrana tympani - - - -	95	81
Congestion of Eustachian tube	40	44
Contraction of Eustachian tube	11	8
Obliteration of Eustachian tube	2	0
Inflammation of cellular tissue of cavity of tympanum - -	2	1
	245	170
Increased sensibility of auditory nerve - - - - -	462	123
	707	293
	1000	

In all these cases the power of hearing was more or less diminished. In 707 of them the deafness was accompanied by abnormal sounds; and we should, therefore, (if the doctrine alluded to be true,) admit increased excitability of the auditory nerve; but this was absent in 245 of the 707 cases. The coexistence of deafness and "singing" in the ears is not, therefore, a certain sign of exalted excitability of the acoustic nerve, since it does not occur in 245 out of 707 cases; while of 585 cases, in which this increased excitability did exist, 123 were unattended with any trace of abnormal sounds in the ear. The mistake of writers on this subject depends on their explanation of abnormal sounds considered as a symptom of disease.

From the numerous observations which I have made, it appears to me that the duration and interruption of these sounds, their intensity, weakness, and infinite degrees of diversity are in no way connected with any particular affection of the auditory apparatus. The same individual may labour under the same form of disease in both ears, yet he shall hear the sounds on one side and be free from them on the other. Hence we must conclude that the cause of these sounds remains enveloped in the greatest obscurity, and that we cannot attach to them the slightest importance in the diagnosis of the diseases of the ear. Some writers tell us that when the affection is confined to a single ear it announces some lesion of the peripheral extremity of the nerve; but that when both ears are attacked, and especially if some trouble of vision coexist, we may conclude that the central extremity of the nerve is implicated.

I can affirm that the occurrence of accidental sounds in the ear on one side as well as on both is observed in various diseases of the auditory apparatus, without any sign that the auditory nerve has suffered, either in its peripheral or central part. On the other hand, increased excitability of the auditory nerve almost always attacks both sides at the same time, (or at least very nearly so,) and gives rise to a remarkable change in the moral faculties, to depression of spirits, nervous headache, disinclination to study, and disturbance of the sleep, without any proof that the central part of the auditory nerve is

affected. That such is the case is proved by the immediate benefit obtained in this form of disease by the use of gentle excitants, directed, in the form of vapour, towards the peripheral extremity of the nerve, through the Eustachian tube, the cavity of the tympanum, and the fenestra ovalis.

As to coincidence of this state with disordered vision, I am convinced that the latter depends on some change near the origin or trajet of the optic nerves, which has no connection with any analogous change in corresponding portions of the auditory nerve.

It has been said that deafness connected with accidental sounds in the ear presents the following peculiarity:—Compression of the carotid arteries dissipates the false sounds and the deafness with them. I have never seen any example of this kind, nor is the assertion supported by a single case. Itard, indeed, cites one case, but it is far from conclusive. On compressing the carotids he succeeded in almost entirely removing the abnormal sounds; but he does not tell us that the accompanying deafness was almost entirely removed with them.

In the treatment of this affection local and general blood-letting is commonly employed, from the idea that it is connected with congestion; but we cannot admit the propriety of this mode of treatment if we reflect on the variety of diseases with which the existence of abnormal sounds in the ear is connected. In cases of nervous deafness blood-letting would be certainly injurious; it would have a very doubtful effect on the sounds, and would inevitably increase the deafness.—*Ann. de la Chir. Francaise. From Prov. Med. Journ. Feb. 11, 1843.*

FRACTURE OF THE FEMUR IN A FEMALE 89 YEARS OLD.

BY WILLIAM F. HENDERSON, M. D.

Mrs. F., a meagre person, of temperate and regular habits, sustained a fracture of the left femur while in the dusk of the evening passing across the road and coming in contact with a horse and light baker's cart, the driver of which did not perceive her. On my seeing her a few minutes afterwards the nature of the injury was apparent. She was removed to her house, and the fracture ascertained to be oblique, and near the centre of the bone.

Apparatus not being at hand, she was placed in bed, the limb encased in pillows, so as to form a double inclined plane. Next morning, Sept. 11, the fractured portions were placed in exact apposition, after considerable difficulty in retaining them in situ. The limb was put on the double inclined plane formed by Macintyre's apparatus, with a long splint outside, another, shorter, inside the thigh, and each well padded. Thus was the extremity comfortably secured, and thus it remained, without a single untoward or bad occurrence, until

Oct. 26, the forty-fourth day, when the apparatus was removed, and the fractured part found to be firmly united, the tumor of callus being small, but sufficient to show the perfection of the cure, and allow motion of the limb in any direction. In a few days, by appropriate treatment, she was enabled to put her foot to the ground, and even to step out bearing the weight of the body. She has long ago been able to move without the aid of a stick: has been out of doors, and perfectly competent to take exercise on foot when the weather permits. No deformity existing in the parts.

This case is placed before the surgical world, particularly the junior portion, not to be too dissipated in prognosticating osseous union in subjects far advanced in life; as in this instance, at first, it was pronounced not at all likely that any thing further than cartilaginous union would take place, and that, therefore, Mrs. F. would terminate her days as a cripple, from want of power in the system to unite the fractured bone. It is hoped its relation may call forth the remarks of any similar instances occurring in the practice of some of your numerous readers and correspondents.—*London Medical Gazette*. January 13, 1843.

A TABULAR VIEW OF THE TREATMENT OF UTERINE HÆMORRHAGES.

BY WILLIAM CAMPS, M.D., EDIN.

HÆMORRHAGE BEFORE PARTURITION.

A. Slight Hæmorrhage.—Horizontal position; perfect repose; cool air; cool acidulous fluids; low diet; bleeding, if there be symptoms of plethora. The bladder and rectum to be emptied.

B. Severe Hæmorrhage.—The same treatment as in A., except the bleeding (1.) At first, cold applications; then the ergot of rye, in doses of 12 grains, repeated three times, at intervals of ten minutes. And if these means are insufficient to arrest the hæmorrhage, plug the vagina, or in some especial cases rupture the membranes (2.)

HÆMORRHAGE DURING PARTURITION.

Slight Hæmorrhage.

Os uteri not dilated, and not dilatable.

Membranes entire:—The same means as in A., except the bleeding, which is not indicated unless the symptoms of plethora are exceedingly pronounced.

Membranes ruptured:—As above.

Os uteri dilated.

Membranes entire:—The same means as in A.; then wait, or rupture the membranes (3.)

Membranes ruptured:—The same means as in A., and wait; if the pains are feeble or slow, give the ergot of rye (4.)

Severe Hæmorrhage.

Os uteri not dilated, and not dilatable.

Membranes entire:—The same treatment as in A., except the bleeding; then the refrigerants, as cold applications. In case these fail, and if the pains are feeble, the ergot of rye; then rupture the membranes. Lastly, if the state of the os uteri will not allow of turning, plug the vagina.

Membranes ruptured:—The same treatment as in A.; refrigerants; ergot of rye if the pains be slow or feeble. In case these fail, compression of the uterus; plug the vagina; introduce the hand, and deliver by turning (5.)

Os uteri dilated, or dilatable.

Membranes entire:—Rupture the membranes (6.) and if this does not succeed, introduce the hand and turn, or apply the forceps.

Membranes ruptured:—Turning, if the head of the child has not descended into the ca-

vity of the pelvis (7.) Apply the forceps if the head of the child have already descended into the cavity of the pelvis. Simple extraction if the child present by breech, knees, or feet.

(1.) *The ergot of rye* is employed here as hæmostatic; in the case supposed, there is not, at present, uterine pains; it is not probable that the employment of the ergot of rye should produce them, for hitherto this remedy appears to possess the property of increasing the uterine contractions only when they occur spontaneously, and not that of exciting them, when they do not already exist.

(2.) *The plug* will, in the first place, arrest the hæmorrhage; then, by the retention of the blood, and by its presence, it will irritate the *neck* and *orifice* of the uterus, and it will induce the expulsive contractions. These will dilate the *os uteri*, and this dilatation will allow either the rupture of the membranes, or the termination of the accouchement.

(3.) This rupture can have no inconvenience; it is a means of preventing the increase of the hæmorrhage. We may always dispense with it, and rest satisfied with waiting until the progress of the labour shall have arrested the hæmorrhage: the last method is after all perhaps the most prudent. A little more or a little less tendency to the increase of the hæmorrhage should determine the choice of the one or of the other method.

1st. *Wait*, if the hæmorrhage do not increase in any degree, and still more so if it diminish.

2d. *Rupture the membranes* if there be any tendency to increase of the hæmorrhage; this rupture will be profitably preceded or followed by the administration of some doses of the ergot of rye, if the uterine pains are feeble or slow.

(4.) It may be asked, if it would not be proper to terminate the accouchement in this case, since the parts concerned seem disposed to this termination. We think that if the fœtus presents in the usual manner, it is better not to be officious with the application of the *forceps* or *turning*, because the employment of these means would be more severe than the *slight* hæmorrhage which appears to demand their use.

(5.) This case is one of great delicacy; the application of the plug here requires great caution; for when the vagina is closed up, the blood may possibly accumulate in the cavity of the uterus, so that the patient may be lost, although no blood make its appearance externally; and the danger will be so much the greater, as the uterus shall have been more developed before the rupture of the membranes, and as the uterine contractions shall be more feeble. The application of the plug should be preferred, to the termination of the accouchement, only when the uterine contractions are sufficiently strong, and when, at the rupture of the membranes, only a very small quantity of the liquor amnii shall escape from the uterus. Again, the application of the plug demands great care of and attention to the patient, and should be followed by the application of a bandage round the abdomen sufficiently tight to resist the enlargement of the uterus. On the contrary, when the uterine contractions are feeble, when a large quantity of the liquor amnii shall have escaped at the moment of the rupture of the membranes, it will be necessary to overcome the resistance offered by the state of the os uteri, and terminate the accouchement by *turning*.

(6.) In this case we may be surprised at the ad-

vice to *rupture the membranes*, and *wait*, before adopting any other method, according as the retraction of the uterus may have, or may not have, arrested the hæmorrhage; it seems so important, both to the mother and to the infant, that the birth of the latter should be the result of the uterine contractions alone, rather than of manual interference, very often difficult, that it is very desirable to take the chance of a spontaneous accouchement at all times when there is the probability of obtaining it. It is to be understood that this recommendation to *wait*, is only admissible in case the uterine contractions are neither feeble nor slow.

(7.) We may certainly in this case have recourse to the *forceps*, but the employment of this instrument, when the head of the child is above the orifice, and not engaged in the cavity of the pelvis, frequently offers sufficient difficulty to render the delivery by turning preferable.

It will be seen that the indications are based on the slightness or severity of the hæmorrhage, and not on the circumstance of the insertion or non-insertion of the placenta on the neck of the uterus; not that this circumstance is a matter of indifference, for almost always the hæmorrhage produced by the detachment of the placenta inserted over the orifice of the uterus, is one of a severe and serious character, and demands immediately the employment of the means indicated for severe hæmorrhages. Sometimes the insertion of the placenta on the neck of the uterus occasions only a slight hæmorrhage: the author does not consider, then, as do the greater part of accoucheurs, that the insertion of the placenta on the neck of the uterus requires, in every case, the speedy termination of the accouchement, yet it may modify the employment of the means above indicated. For instance, if in a case of severe hæmorrhage the placenta covers entirely the os uteri, we cannot have recourse to the simple rupture of the membranes, as we could if such were not the case. If the os uteri be neither sufficiently *dilated*, or sufficiently *dilatable*, to allow the introduction of the hand, it will be necessary to employ the plug; if, on the contrary, it be sufficiently *dilated*, or sufficiently *dilatable*, it will be necessary to detach one of the sides of the placenta, in order to make a passage into the cavity of the uterus, and deliver by turning; but if a portion only of the placenta be inserted on the os uteri, leaving exposed a part of the membranes, we may proceed as if the placenta were not inserted at the os uteri. In no case does it seem advisable to make a passage through the placenta, as some accoucheurs have recommended. Lastly, if the placenta, pushed by the head or the breech of the fœtus, be entirely, or almost entirely detached, and has passed beyond the orifice of the uterus, we must extract it before the fœtus, for this organ is useless in these circumstances, and its presence in the vagina is an obstacle to the free exercise of the hand, or of instruments.—*Lond. Med. Gaz.* Jan. 13, 1843.

CURE OF GLANDERS IN MAN.

A wagoner, nineteen years of age, entered the Hôpital de la Charité, in Paris, on the 18th of October, 1841. He complained of having felt ill for the week preceding, without being able to specify any particular seat of disease. Soon intense pains were felt in the ankle and knee-joints, and the muscles of the leg and thigh, though unattended with swelling or redness. His pulse became quick, thirst intense; headach and prostration. On the 25th of October

pustules, filled with a purulent matter, appeared on the instep and upper surface of the three smaller toes of the left foot. These pustules broke, and cicatrization was completed in a few days; but a diffused swelling now made its appearance in the anterior part of the superior third of the thigh, followed by two similar tumours, one on each leg. M. Mounet, under whose care the patient was placed, now suspected the nature of the disease, and ascertained that one of the horses kept in the stable where the patient had been sleeping actually had the glanders. For the eight months ensuing tumours of a similar kind to the foregoing were successively and incessantly appearing on all parts of the upper and lower extremities, though they continued one after another to disperse, and nothing in the general condition of the patient, except his emaciation, gave cause for alarm; yet one curious collateral circumstance is stated. Early in December, 1841, a horse being inoculated with the matter from one of the abscesses, died in the course of five days, without, however, presenting during life any of the ordinary symptoms, or after death any of the usual appearances belonging to the disease.

The treatment of the patient was the same nearly throughout, consisting chiefly of decoction and extract of cinchona in large doses, with wine.

On the 5th of July, 1842, iodine with iodide of potassium was administered. This was followed by an attack of erysipelas in the left arm, and the iodine was suspended, to be resumed on the 17th. No new tumors had appeared during the previous two months; the cicatrization of those still existing was soon afterwards completed, and the patient was discharged perfectly cured on the 31st of July.

Andral, and other able pathologists who saw this case, were unanimous in pronouncing it a true instance of glanders. The journal from which we have extracted the above relation says,—“The case is unique. In all the instances of glanders in the human subject reported hitherto the disease has proved fatal.”—*Lond. Lancet*, Feb. 18, 1843. *From Gaz. des Hop.*

HUNTER'S OPERATION FOR ANEURISM.

Knowing that Mr. B. Phillips had been for some time collecting from English and foreign works the number of various surgical operations recorded, and their relative success, I applied to him to furnish me with the number he had been enabled to collect upon the subject of aneurism treated according to Hunter's method, and he has been so obliging as to furnish me with the following return. 389 cases of aneurism had been so treated, and the result 277 cures.

	Cases.	Cures.
Subclavian	80	46
External iliac . . .	79	62
Carotid	74	59
Femoral	113	77
Humoral	30	24
Various	13	9
	<hr/> 389	<hr/> 277

And when you consider that the operation, as an established one, has, of late years especially, been often performed without any record of it being published, you will perceive that I have not gone beyond the truth in asserting that it has conferred life upon hundreds.—*Arnott's Hunterian Oration*.